UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

25299

7590

12/26/2003

IBM CORPORATION PO BOX 12195 DEPT 9CCA, BLDG 002 RESEARCH TRIANGLE PARK, NC 27709 EXAMINER
CUEVAS, PEDRO J

PAPER NUMBER

COD (110, 120NO)

ART UNIT

DATE MAILED: 12/26/2003

2834

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR     | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|--------------------------|---------------------|------------------|
| 09/829.888      | 04/10/2001  | Jesse Vernon Corbett JR. | RPS920000131US1     | 8549             |

TITLE OF INVENTION: A LINEAR ACTUATOR USING A ROTATING MOTOR

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 03/26/2004 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status is changed, pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above and notify the United States Patent and Trademark Office of the change in status, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check the box below and enclose the PUBLICATION FEE and 1/2 the ISSUE FEE shown above.
- Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

| INSTRUCTIONS: This for<br>appropriate. All further cor-<br>indicated unless corrected a<br>maintenance fee notification                                                                                                        | respondence including the local or directed otherwise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Patent, advance orde                                                                                                                                    | ers and notification                                                                                                                                                                   | of maintenance fees                                                                                                                                                                                                                                                                           | quired). Blocks 1 through 4 si<br>will be mailed to the current<br>ss; and/or (b) indicating a sepa                                                                     | correspondence address as |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  25299 7590 12/26/2003                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                                        | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                         |                           |  |
| IBM CORPORA' PO BOX 12195 DEPT 9CCA, BLD RESEARCH TRIA                                                                                                                                                                         | TION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 709                                                                                                                                                     |                                                                                                                                                                                        | C                                                                                                                                                                                                                                                                                             | dertificate of Mailing or Trans<br>this Fee(s) Transmittal is bein,<br>with sufficient postage for fir<br>ail Stop ISSUE FEE address<br>SPTO, on the date indicated bel | mission                   |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , ••                                                                                                                                                    |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         | (Depositor's name)        |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         | (Signature)               |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                                        | L                                                                                                                                                                                                                                                                                             |                                                                                                                                                                         | (Date)                    |  |
| APPLICATION NO.                                                                                                                                                                                                                | FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FI                                                                                                                                                      | RST NAMED INVEN                                                                                                                                                                        | TOR                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                                     | CONFIRMATION NO.          |  |
| 09/829,888                                                                                                                                                                                                                     | 04/10/2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | J                                                                                                                                                       | esse Vernon Corbet                                                                                                                                                                     | JR.                                                                                                                                                                                                                                                                                           | RPS920000131US1                                                                                                                                                         | 8549                      |  |
| TITLE OF INVENTION: A                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ING A ROTATING                                                                                                                                          |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                           |  |
| APPLN. TYPE                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ISSUE FEE                                                                                                                                               | PU                                                                                                                                                                                     | BLICATION FEE                                                                                                                                                                                                                                                                                 | TOTAL FEE(S) DUE                                                                                                                                                        | DATE DUE                  |  |
| nonprovisional                                                                                                                                                                                                                 | NO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1330                                                                                                                                                  |                                                                                                                                                                                        | \$300                                                                                                                                                                                                                                                                                         | \$1630                                                                                                                                                                  | 03/26/2004                |  |
| EXAM                                                                                                                                                                                                                           | IINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ART UNIT                                                                                                                                                | CI                                                                                                                                                                                     | ASS-SUBCLASS                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         |                           |  |
| CUEVAS,                                                                                                                                                                                                                        | PEDRO J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2834                                                                                                                                                    |                                                                                                                                                                                        | 310-012000                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |                           |  |
| Address form PTO/SB/12  "Fee Address" indicating PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN!                                            | ence address (or Change of C<br>22) attached.  on (or "Fee Address" Indicator more recent) attached. Use  RESIDENCE DATA TO B an assignee is identified being to the USPTO or is being see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tion form e of a Customer E PRINTED ON THe low, no assignee dat submitted under sepa                                                                    | names of up to agents OR, altern firm (having as a agent) and the na attorneys or agent will be printed.  IE PATENT (print of a will appear on the rate cover. Complet RESIDENCE: (CIT | patent. Inclusion of<br>ion of this form is NO<br>Y and STATE OR Co                                                                                                                                                                                                                           | attorneys or 1 e of a single d attorney or 2 stered patent led, no name 3 assignce data is only appropris of a substitute for filing an assign.                         | gnment.                   |  |
| 4a. The following fee(s) are                                                                                                                                                                                                   | enclosed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         | Payment of Fee(s):                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                           |  |
| ☐ Issue Fee ☐ Publication Fee                                                                                                                                                                                                  | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                           |  |
|                                                                                                                                                                                                                                | Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         | ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                           |  |
| Director for Patents is reque                                                                                                                                                                                                  | sted to apply the Issue Fee a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         | Deposit Account Nu<br>f any) or to re-apply                                                                                                                                            |                                                                                                                                                                                                                                                                                               | enclose an extra c                                                                                                                                                      | <del></del>               |  |
| (Authorized Signature)                                                                                                                                                                                                         | - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Date)                                                                                                                                                  |                                                                                                                                                                                        | I                                                                                                                                                                                                                                                                                             | ·                                                                                                                                                                       |                           |  |
| other than the applicant:                                                                                                                                                                                                      | d Publication Fee (if requir<br>a registered attorney or ag<br>cords of the United States Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent: or the assignee                                                                                                                                    | or other party in                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                           |  |
| obtain or retain a benefit<br>application. Confidentiality<br>estimated to take 12 minui<br>completed application for<br>case. Any comments on<br>suggestions for reducing t<br>Patent and Trademark (<br>22313-1450. DO NOT S | tion is required by 37 CFR by the public which is to fy is governed by 35 U.S.C. It is to complete, including g m to the USPTO. Time with amount of time you this burden, should be sent office, U.S. Department END FEES OR COMPLE for Patents, Alexandria, Virginia and the sent of the complete for Patents, Alexandria, Virginia and the properties of the patents of the complete for Patents, Alexandria, Virginia and the properties of the patents of the patent | ile (and by the USP 122 and 37 CFR 1.14 athering, preparing, ill vary depending uprequire to complete to the Chief Informs of Commerce, AleTED FORMS TO | TO to process) and This collection is and submitting the                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                           |  |



### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO. FILING DATE      |      | ILING DATE               | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|----------------------------------|------|--------------------------|-------------------------|---------------------|------------------|
| 09/829,888 04/10/2001            |      | Jesse Vernon Corbett JR. | RPS920000131US1         | 8549                |                  |
| 25299                            | 7590 | 12/26/2003               |                         | EXAM                | INER             |
| IBM CORPO                        |      |                          |                         | CUEVAS,             | PEDRO J          |
| PO BOX 1219:<br>DEPT 9CCA, I     |      |                          |                         | ART UNIT            | PAPER NUMBER     |
| RESEARCH TRIANGLE PARK, NC 27709 |      |                          | 2834                    |                     |                  |
|                                  |      |                          | DATE MAILED: 12/26/2003 |                     |                  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 117 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 117 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) system (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.